

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH. COUNTY Garrett Mt. Lake Park, MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Garrett COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Mrs. Annie	(Middle) May	(Last) Bradford
4. DATE OF DEATH	(Month) 3/19/1951	(Day) 19	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/5/1905
Female	White		9. AGE last birthday 46 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House wife	
		11. BIRTHPLACE (State or foreign country) Mt. Lake Park, Md.	
13. FATHER'S NAME Otto Frederick Kloepfel.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Robert Bradford, Oakland, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Chronic Bronchitis, Asthma  Antecedent cause(s) (b) High Blood pressure, and Bronchial Asthma Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c) Indigestion, Chronic Chronic Neurritis and Chronic cystitis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-8-46, 19....., to 3-19-51, 19....., that I last saw the deceased alive on 3-19-51, 19....., and that death occurred at 5:25 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 3-21-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/21/1951	NAME OF CEMETERY OR CREMATORIUM Oakland Cemetery	LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 3-21-1951 Julia Mowen	24. FUNERAL DIRECTOR ADDRESS Eunice D. Bolder, Oakland, Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02637  
166

Reg. Dist. No.

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN STREET ADDRESS		COUNTY Maryland
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		STREET (If rural, give location)
Oakland (Rural)		10 yrs.	Rural (Oakland)		

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
Female	Eliza	Lydia	Margaret	Dyke	March	15	1951
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months	1 year Days	If under 24 hrs. Hours	Min.
white	widowed	May 30, 1866	84	yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hahn	Sarah Fike
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No	
17. INFORMANT	mrs Cyrus Wolfe (sister)

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause 260X	(a).....	Arteriosclerotic heart disease 5 yrs.
Antecedent cause(s) 61	(b).....	Diabetes Mellitus 20 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last .....	(c).....	Arteriosclerotic encephalopathy 10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 1951, to 3/15, 1951, that I last saw the deceased alive on 2/21, 1951, and that death occurred at 7 a.m., from the causes and on the date stated above.		
SIGNATURE	ADDRESS	DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)
Burial	March 18, 1951	Wolfe Cemetery	Red House, Md.
DATE REC'D BY LOCAL REG. 3-18-1951	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Julia Moran	Wayne C. Spiggle	Daris, W.Va.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

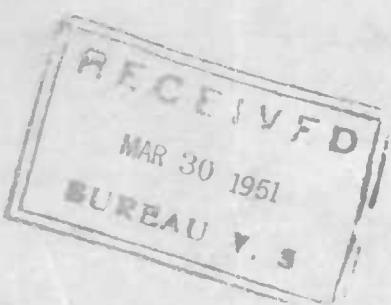
02638

Reg. Dist. No. 162

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <b>Garrett</b>			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <b>Maryland</b> COUNTY <b>Garrett</b>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Accident</b>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Accident</b>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----			STREET ADDRESS -----		
3. NAME OF DECEASED (Type or Print)		(First) <b>William</b>	(Middle) <b>Gustav</b>	(Last) <b>Fratz</b>	4. DATE OF DEATH <b>March 22, 1951</b> 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>6/26/1887</b>	9. AGE last birthday <b>63</b> yrs.	If under 1 year Months / Days / Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
13. FATHER'S NAME <b>Conrod Fratz</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Leinsetter</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-28-2477</b>	17. INFORMANT AND ADDRESS <b>Mrs. William Fratz Accident, Md.</b>		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<i>420.1</i> Immediate cause (a) <b>Coronary occlusion</b>					
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last					
94a (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>3/12</b> , 19 <b>51</b> , to <b>3/22</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>3/22</b> , 19 <b>51</b> , and that death occurred at <b>11:15A.m.</b> , from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		ADDRESS	DATE SIGNED
<i>Ronald Alan Kunkay M.D.</i>				<i>Alexis Ave. Mayesdale</i>	<b>3/24/51</b>
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>3/25/1951</b>	NAME OF CEMETERY OR CREMATORIAL <b>German Lutheran Cemetery</b>	LOCATION (City, town, or county) <b>Accident, Md.</b>	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>REC'D Mar. 29-5</b>		24. FUNERAL DIRECTOR <b>Elmer Broadwater</b>			ADDRESS <b>Oakland, Md.</b>
<i>Elmer Broadwater</i> <b>Richard E. Leighton</b> <b>100105</b>					

Ross St. Clair  
Rumbough  
Meyersdale



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02639

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH: Garrette  
 County \_\_\_\_\_  
 City or town: Friendsville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? \_\_\_\_\_  
 Hospital, institution, or street address where death occurred: \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Maryland County: Garrette  
 City or town: Friendsville Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war: \_\_\_\_\_

3. (a) FULL NAME  
 Oliver F Frazee  
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife: \_\_\_\_\_  
 6. (c) If alive, give age: \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) about 1873  
 8. AGE: Years Months Days It less than one day  
 77 4 6 hrs. min.  
 9. Birthplace: Hazelton Preston Co W.Va  
 (Town, county, and state)  
 Farmer  
 10. Usual occupation: Own Farm  
 11. Industry or business: \_\_\_\_\_  
 12. Name: William W Frazee  
 MOTHER FATHER  
 13. Birthplace: Maryland  
 14. Maiden name: Elma Spurgen Frazee  
 15. Birthplace: W.Va  
 16. Informant: Paul S. Frazee  
 Address: Friendsville Md Rural  
 17. Burial Date thereof: Mar 26 1951  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory: Ashers Glade Cem-  
 Location: Near Markleysburg Pa  
 18. Funeral director: El G Harned  
 Address: Brandonville W.Va  
 19. March 26 1951  
 (Date rec'd by registrar) Kathryn E. Lile  
 (Registrar)

3. (b) Social Security Number: \_\_\_\_\_

MEDICAL CERTIFICATION  
 2D. DATE OF DEATH: March 24 51 at \_\_\_\_\_  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar-21-1951 to Mar-24-1951 and that I last saw h. a. m. alive on Mar-21-1951.  
 Immediate cause of death: Hemiplegia - (L.P.T) DURATION: 9  
 Due to: Arterio Sclerosis ?  
 Hypertension ?  
 Due to: \_\_\_\_\_  
 Other conditions: 334X (Include pregnancy within 3 months of death)  
 83d  
 Major findings of operations: \_\_\_\_\_ Date of op.: \_\_\_\_\_  
 Autopsy results: \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.  
 22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of: \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of Injury: \_\_\_\_\_ Injured at work? \_\_\_\_\_  
 23. SIGNATURE: M. D. or other: M. D. or other: M. D. or other: M. D. or other:  
 Address: Addison - P.O. Date signed: 3/26/51  
 100-105



## MARGIN RESERVED FOR BINDING

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## MARYLAND STATE DEPARTMENT OF HEALTH

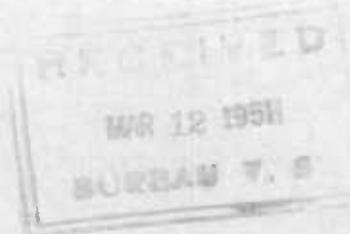
2411 N. Charles Street, Baltimore

02641/66

## CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH COUNTY <b>GARRETT</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>OAKLAND</b>		LENGTH OF STAY <i>(in this place)</i> <b>3 days</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>GARRETT COUNTY MEMORIAL HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print)	(First) <b>ORVIL</b>	(Middle) <b>E.</b>	(Last) <b>FRIEND</b>
4. DATE OF DEATH	(Month) <b>MARCH</b>	(Day) <b>3</b>	(Year) <b>1951</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR. 30, 1886</b>
9. AGE last birthday <b>64</b> yrs.	10. KIND OF BUSINESS OR INDUSTRY <b>OWNER OF FARM AT ONE TIME</b>	11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>NEAL FRIEND</b>	14. MOTHER'S MAIDEN NAME <b>JENNIE FRIEND</b>	Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT AND ADDRESS <b>Mrs. Orval Friend, Mt. Lake Park</b>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause <b>Heart Failure</b> <span style="float: right;">5 days</span> Antecedent cause(s) <b>Repeated cerebro-vascular accident</b> <span style="float: right;">Indefinite</span> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>Acute Bronchitis</b> (a) <b>331x</b> (b) <b>83a</b> (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION <b>none</b> 19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Mar. 1951</b> , to <b>3 March 1951</b> , that I last saw the deceased alive on <b>3 March 1951</b> , and that death occurred at <b>2:05 p.m.</b> , from the causes and on the date stated above. SIGNATURE <b>Thomas J. Lush, M.D.</b> ADDRESS <b>Oakland, Md.</b> DATE SIGNED <b>3 March 51</b> (Degree or title)			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <b>3/6/1951</b>	NAME OF CEMETERY OR CREMATORIUM <b>Blooming Rose Cemetery</b>	LOCATION (City, town, or county) (State) <b>Friendsville, Md.</b>
DATE REC'D BY LOCAL REG. <b>3/6/51</b>	REGISTRA'S SIGNATURE <b>Julia A. Howard</b>	24. FUNERAL DIRECTOR <b>D. Bolden</b>	ADDRESS <b>Oakland, Md.</b>



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02641  
166

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Oakland		LENGTH OF STAY (In this place) 40 yrs.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Oakland	
STREET ADDRESS Cuppett Nursing Home		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Latitia	(Middle) Matheny	(Last) Haskel
4. DATE OF DEATH March 16, 1951	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 4/16/1880
9. AGE last birthday 70 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Alfred Matheny	14. MOTHER'S MAIDEN NAME Nancy Ann Martin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT AND ADDRESS Homer Matheny	18. MEDICAL CERTIFICATION Albright, W. Va.

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

443x

(a) Cerebro Vascular Accident

INTERVAL BETWEEN  
ONSET AND DEATH

7 Mar 51?

Antecedent cause(s)

93d

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b) Hypertensive CardioVascular Disease

?

(c) Senility

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 28 June 1950, to 6 Mar 1951, that I last saw the deceased  
alive on 9 Mar 1951, and that death occurred at 4:10 P.m., from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/19/1951	NAME OF CEMETERY OR CREMATORIAL John Sines Cemetery	LOCATION (City, town, or county) Garrett Co., Md.
DATE REC'D BY LOCAL REG. REC'D BY LOCAL	REG. 3-19-1951	REGISTRAR'S SIGNATURE Julia Moran Herbert P. Brighton	ADDRESS Oakland, Md.
24. FUNERAL DIRECTOR			



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02642

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Allegany	
CITY (If outside corporate limits, write RURAL and give nearest town) Mt. Lake TOWN		LENGTH OF STAY (in this place) 8 d.s.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keyser Nursing Home		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle)	(Last) Kroll
4. DATE OF DEATH	(Month) Mar.	(Day) 6,	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1864
9. AGE last birthday yrs. 86	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	11. KIND OF BUSINESS OR INDUSTRY Coal Mine	12. BIRTHPLACE (State or foreign country) Austria COUNTRY U.S.
13. FATHER'S NAME Not Known	14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 00	16. SOCIAL SECURITY NO. 00	17. INFORMANT AND ADDRESS James Powers, Mt. Savage, Md.	
18. MEDICAL CERTIFICATION			
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>422.1 Immediate cause (a) Heart failure 93d Antecedent cause(s) (b) Art. C. V. D. Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) Senility</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 27 Feb. 1951, to 6 Mar. 1951, that I last saw the deceased alive on Mar. 5, 1951, and that death occurred at 6 a.m., from the causes and on the date stated above.			
SIGNATURE Thomas J. Lushy, M.D.	(Degree or title)	ADDRESS Oakland, Md.	DATE SIGNED 6 Mar. 51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/9/51	NAME OF CEMETERY OR CREMATORIUM St. Patrick's Cem	LOCATION (City, town, or county) Mt. Savage, Md. (State)
DATE REC'D BY LOCAL REG. 3/9/51	REGISTRAR'S SIGNATURE Julia G. Powers	24. FUNERAL DIRECTOR Ellsworth S. Boal, Westernport, Md.	ADDRESS 650216



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02643

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

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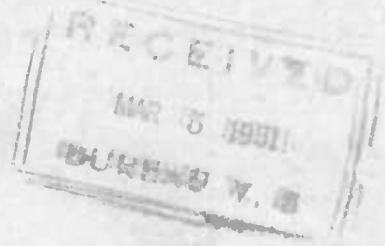
1. PLACE OF DEATH COUNTY Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN			LENGTH OF STAY (in this place) 21 Years		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH March 1, 1951		
(First) Joseph (Middle) L (Last) Livengood			(Month) (Day) (Year)		
5. SEX Male COLOR OR RACE White			6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married		
7. KIND OF BUSINESS OR INDUSTRY Farm work			8. DATE OF BIRTH 11-30-1877		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming - Retired			9. AGE last birthday 73		
11. BIRTHPLACE (State or foreign country) R.D.1 Salisbury Pa			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Eliza Livengood			14. MOTHER'S MAIDEN NAME Carline Yoder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 185-18-0718		
17. INFORMANT AND ADDRESS Carlton Livengood-Bedford Pa					

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4222 Immediate cause (a) Chronic interstitial Nephritis 3 yrs			
Antecedent cause(s) 131a Diseases or conditions, if any, giving rise to the above cause (b) stating the underlying cause last			" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Mar 1, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 3:00 P.M., from the causes and on the date stated above.				
SIGNATURE (Degree or title) ADDRESS DATE SIGNED				

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 3-3-1951	NAME OF CEMETERY OR CREMATORIAL TOOF Cemetery	LOCATION (City, town, or county) Salisbury Pa
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE March 3, 1951	24. FUNERAL DIRECTOR Ethel Broadwater	ADDRESS Wm. Wintberg Grantsville Md



MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

02644

172

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Garrett</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Shallmar</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Shallmar</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>JAMES</u>	(Middle)	(Last) <u>MEEK</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>26</u>	(Year) <u>1951</u>
5. SEX	6. COLOR OR RACE <u>male white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>singl</u>	8. DATE OF BIRTH Dec. 1877
9. AGE last birthday yrs.	75	10. If under 1 year Months	11. If under 24 hrs. Days
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Hotel</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gold Mines</u>	11. BIRTHPLACE (State or foreign country) <u>Barton, Md.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>John Meek</u>	14. MOTHER'S MAIDEN NAME <u>Ellen -</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y/N, or unknown) <u>N</u>	16. SOCIAL SECURITY NO. <u>216-01-4826</u>	17. INFORMANT <u>Papers in his possession</u>	18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH ?

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause <u>501x</u>	(a) <u>Heart Failure</u>	INTERVAL BETWEEN ONSET AND DEATH ?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>106c</u>	(b) <u>Bronchitis</u>	<u>2 weeks?</u>
	(c) <u>Debility + Senility</u>	<u>?</u>

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, of office bldg., etc.) <u>No Injury</u>	(CITY OR TOWN) <u>Barton</u> (COUNTY) <u>Garrett</u> (STATE) <u>MD</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Not white m. work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE (Degree or title) Thomas J. Lushy M.D (Acting Examiner) ADDRESS Oakland, Md DATE SIGNED 26 Mar 51

23. BURIAL, CREMATION BOTH <input type="checkbox"/> Specify	DATE THEREOF <u>Mar. 29 51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Laurel Hill</u>	LOCATION (City, town, or county) (State) <u>Barton, Alleg Co., Md.</u>
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Audie Barwick</u>	24. FUNERAL DIRECTOR ADDRESS <u>Otha F. Sharpless, Blaine, W. Va.</u>
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RECEIVED  
29 II 1951

BUREAU U.S.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02646  
166

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN OAKLAND			LENGTH OF STAY (in this place) 8 days 10 hrs		
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL OAKLAND, MARYLAND			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND		
3. NAME OF DECEASED (Type or Print) BABY			4. DATE OF DEATH MARCH 2 1951		
5. SEX MALE			6. COLOR OR RACE WHITE		
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE			8. DATE OF BIRTH FEBRUARY 23, 1951		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			9. AGE last birthday If under 1 year Months 8 Days 1 Hours 0 Min. 0		
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND		
13. FATHER'S NAME HAROLD WRIGHT NAIR			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT AND ADDRESS HAROLD NAIR, OAKLAND, MD. (FATHER)			18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 8 day		

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

270x Immediate cause (a) Hypernephromatosis66b Antecedent cause(s)  
Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

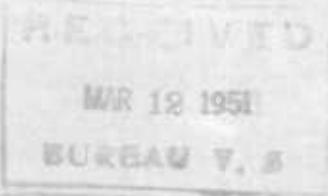
Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 23 Feb, 1957, to Mar 2, 1957, that I last saw the deceasedalive on 2 May, 1957, and that death occurred at 10:05 A.M., from the causes and on the date stated above.  
SIGNATURE A. S. Nair (Degree or title) ADDRESS Oakland Md DATE SIGNED 2 Mar 57

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 2-1957</u>	NAME OF CEMETERY OR CREMATORIUM <u>Oakland</u>	LOCATION (City, town, or county) <u>Oakland</u> (State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>3/2/57</u>	REGISTRAR'S SIGNATURE <u>Julie M. Nair</u>	FUNERAL DIRECTOR <u>Emroy Bolden</u>	ADDRESS <u>Oakland Md</u>

2-0-2 23-1-2-5-2-3-4-4.



## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change  
in 8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

02647

**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

Reg. Dist. No. 166

1. PLACE OF DEATH:

COUNTY Garrett

MARYLAND

CITY (If outside corporate limits, write RURAL and  
OR give nearest town)

TOWN Oakland

LENGTH OF STAY  
(In this place)

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

Manhattan Hotel

3. NAME OF  
DECEASED

(Type or Print) ✓

(First) ELIZABETH

(Middle) Watson

(Last) RANDALL

4. SEX

Female

6. COLOR OR RACE

white

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

unemployed

10b. KIND OF BUSINESS OR  
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Fairmont, W. Va.

12. CITIZEN OF WHAT  
COUNTRY? U. S.

13. FATHER'S NAME

Elvanus Amb Watson

14. MOTHER'S MAIDEN NAME

Jane Leming

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) no (If yes, give war or dates of  
service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

George W. Randall

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

472.1 Immediate cause

115c Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(c)

2. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

none

21. EXTERNAL CAUSE WAS

PRIMARY  OR CONTRIBUTING  
CAUSE OF DEATH. none

PLACE (Home, farm, factory, street,  
of office bldg., etc.) none

INJURY none

TIME (Month) (Day) (Year) (Hour)  
OF INJURY none m.

INJURY none m.

WHILE AT WORK none

NOT WHILE WORK none

HOW DID INJURY OCCUR? none



02648

166

Evidence for change  
in 9 shown on:

MM No. G 132 APR 9 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

1. PLACE OF DEATH. COUNTY Garrett Accident, MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (In this place) 8 Month		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Marie Tasker	(Last) Wilson
4. DATE OF DEATH March 15 1951	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/27/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House wife	9. AGE last birthday 55 yrs.
		11. BIRTHPLACE (State or foreign country) Mt. Lake Park, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME James Tasker,		14. MOTHER'S MAIDEN NAME Eleanor Shrout.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO.	
		17. INFORMANT Wm. Tasker, Oakland, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
231x Immediate cause (a) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 3 hr		
83a Antecedent cause(s) Hyper tension			
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE S. J. Beaman Jr. M.D.	(Degree or title)	ADDRESS Oakland Md	DATE SIGNED 3/13/51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/16/1951	NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery	LOCATION (City, town, or county) Oakland, Md. (State)
DATE REC'D BY LOCAL REG. 3/16/51	REGISTRAR'S SIGNATURE Julia Rowan Murray S. Golden	24. FUNERAL DIRECTOR	ADDRESS Oakland, Md.

